

CITY OF ATLANTIC CITY

**DEPARTMENT OF LICENSING & INSPECTIONS
REGULATORY DIVISION/MERCANTILE LICENSE SECTION
CITY HALL – SUITE 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, NJ 08401-4603
Telephone – (609) 347-5315
Fax – (609) 347-6113**



**MULTIPLE VENDOR LICENSE APPLICATION & CHECKLIST
LICENSING PERIOD – ONE YEAR FROM DATE OF ISSUANCE**

This Application must be filed with the Mercantile License Section

Please check next to each item on the list after you complete that requirement

MERCANTILE CHECK-OFF	APPLICANT CHECK-OFF	
_____	_____	Mercantile Business Owner License Application w/List of Vendors
_____	_____	Non-refundable Mercantile Business Owner Application Fee - \$25.00, or
_____	_____	Non-refundable Mercantile Business Owner Application Fee - \$40.00 if the Division of Health approval is required..
_____	_____	New Jersey Business Registration
_____	_____	Valid Photo Identification
_____	_____	Lease
_____	_____	Certificate of Land Use Compliance (if applicable)
_____	_____	Construction Approval (CCO, CO, TCO) (if applicable)
_____	_____	Division of Health Certificate (if food is involved in business)
_____	_____	Mercantile License Section Inspection

Upon approval of this application the Applicant must pay:

“Fees for Multi-Vendor License”

Please make check or money order payable to the “City of Atlantic City”

A full reading of Chapter 170 of the Atlantic City Code at www.cityofatlanticcity.org will answer any questions you may have.

For further assistance please call (609) 347-5315 or (609) 347-5316
Between the hours of 8:30 a.m. and 3:30 p.m. Monday through Friday

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MULTIPLE VENDOR LICENSE APPLICATION

THIS IS NOT A LICENSE TO OPERATE – THIS IS AN APPLICATION ONLY

The application fee is non-refundable

\$25.00 - Application Fee

\$40.00 – Application Fee if Division of Health approval is needed

Application is hereby made to operate a Multiple Vendor Licensed (“MVL”) Event in the City of Atlantic City and the following statements are made to the end that said License may be granted.

1. Trade Name of Business: _____
2. Corporate Name of Business: _____
3. Address: _____

4. Business Telephone: _____ Residential/Cell Telephone: _____
5. State Tax ID Number: _____ Federal Tax ID Number: _____
6. List the following information for individuals, partners or officers of corporation (attach separate paper if needed) and attach corporate documents or certification.

Name	Residence	Position Held
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_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Address of Site for which application is being made, if any:

8. Describe the type of Event for which this application is being made.

9. Do you own or are you leasing premises where event will be held: _____ Own _____ Leasing

10. If leasing, attach a copy of lease agreement or letter of agreement from person/organization allowing you to use this site.

11. Has anyone named in this application ever been convicted of any crime in this State of any other State?
 If Yes, list offense and date of conviction _____, Sentence _____,
 Fine _____, Time Serviced _____, Fine Paid _____

12. List vendors that will be participating on attached sheets.

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City". Fees are listed at the end of this application.

I hereby acknowledge that the MVL Event at the designated location described in this application may not operate unless and until the MVL is issued and conspicuously displayed on the licenses premises.

I am aware that the business and/or its' owners may be fined up to \$500.00 per day for each day the event operates without a license, and fined \$500.00 for each unlisted vendor found to be operating at said MVL Event and/or designated location.

ATTEST

I, _____, being of full age and being duly sworn according to law upon my oath deposes and says:

I represent that all statements made herein are of my personal knowledge and are true. I realize that any statements made which are willfully false may subject me to punishment.

 Signature of Applicant

 Signature of Receiving Clerk / Date

Fees for Multi-Vendor License	
Number of Vendors	Licensing Fee
2 to 5	\$250.00
6 to 10	\$500.00
11 to 25	\$1,000.00
Over 25	\$1,000.00 plus \$40.00 per each Vendor over 25

Multiple Vendor License Application

1. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

2. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

3. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

4. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

5. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City". Fees are listed at the end of this application.

6. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

7. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

8. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

9. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

10. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City" Fees are listed at the end of this application.

11. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

12. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

13. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

14. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

15. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City". Fees are listed at the end of this application.

Multiple Vendor License Application

16. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

17. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

18. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

19. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

20. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City". Fees are listed at the end of this application.

21. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____
22. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____
23. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____
24. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____
25. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

Note: If you need to add vendors to your initial listing, please use a copy of this submission or attach additional sheets. You will need to submit a check made payable to "City of Atlantic City". Fees are listed at the end of this application.

Multiple Vendor License Application

26. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

27. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

28. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

29. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____

30. Business Name: _____
Contact: _____
Address: _____

Telephone No. _____ Cell Phone No. _____
Type of Business: _____